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APPLICANTS

Hui Cheng, Bridgewater, NJ;

Ying-wei Lin, Penfield, NY;
Stuart A. Schweid, Pittsford, NY;

** CONTINUING DATA *****

No

** FOREIGN APPLICATIONS *****

No

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 8	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

 27074
 OLIFF & BERRIDGE, PLC.
 P.O. BOX 19928
 ALEXANDRIA, VA
 22320

TITLE

Grayscale image de-speckle algorithm

FILING FEE RECEIVED 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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